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04/29/2005

THERAVANCE, INC.

901 GATEWAY BOULEVARD

SOUTH SAN FRANCISCO, CA 94080

07/14/2005 TBESHAH2 00000117 500344 10824005

01 FC:1501 1400.00 DA
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Barbara Bryant	(Depositor's name)
<i>Barbara Bryant</i>	(Signature)
July 13, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,005	04/14/2004	John H. Griffin	P-082-US3	5957

TITLE OF INVENTION: PROTEIN KINASE INHIBITORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES NO	XXXX \$1400	\$300	XXXX \$1700	07/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HABTE, KAHSAI	1624	514-252140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jeffrey A. Hagenah

2. Joyce G. Cohen

3. Roberts P. Saxon

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Theravance, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

South San Francisco, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0344 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Joyce G. Cohen*Date July 13, 2005Typed or printed name Joyce G. CohenRegistration No. 44,622

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